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## APPLICANTS

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\* CONTINUING DATA \*\*\*\*\*

\* FOREIGN APPLICATIONS \*\*\*\*\*

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 7	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
5 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Certified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

## ADDRESS

4066

## TITLE

Speaker system

<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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